

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**=62-031643**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 172 Primary Registration District No. 4271 Registrar's No. 63

**FILED AUG 29 1962**

**1. PLACE OF DEATH**

a. COUNTY Lafayette

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Alma, Mo

Length of stay in 1b  
63 yrs

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Home

Inside Limits  
Yes ☐ No ☐

**2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)**

a. STATE Missouri COUNTY Lafayette

c. CITY OR TOWN Alma

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☒

**3. NAME OF DECEASED**  
(Type or print)

First Middle Last  
Gustav G. Rist

4. DATE OF DEATH  
Month Day Year  
Aug. 20 1962

5. SEX  
Male

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
11/19/1898

9. AGE (last birthday)  
63 yrs.

IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY  
Hardware Dealer

11. BIRTHPLACE (City and state or country)  
Alma, Mo.

12. CITIZEN OF WHAT COUNTRY  
U. S. A.

**13a. FATHER'S NAME**

Fred Rist

**13b. MOTHER'S MAIDEN NAME**

Rosa Hansch

**14. NAME OF HUSBAND OR WIFE**

Mrs. Clara Rist

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
No

16. SOCIAL SECURITY NO.  
[Redacted]

17. INFORMANT Address  
Mrs. Clara Rist, Alma, Mo.

**18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:**

**IMMEDIATE CAUSE (a)**

Carcinomatous

**INTERVAL BETWEEN ONSET AND DEATH**

1 month

**DUE TO (b)**

Cervix Uteri

3 mo 7

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

**DUE TO (c)**

**PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)**

**PART III. If deceased was female was there a pregnancy in last 90 days.**

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 1962 to Aug 20, 1962 and last saw him alive on Aug 10, 1962  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE**

Marvin E. Roemer MD (Degree or title)

**22b. ADDRESS**

Harbold, Mo

**22c. DATE SIGNED**

8/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Burial

23b. DATE  
8-22-1962

23c. NAME OF CEMETERY OR CREMATORY  
Trinity Luth. Cem.

23d. LOCATION (City, town, or county) (State)  
Alma, Mo.

**24. FUNERAL DIRECTOR**

ADDRESS  
Bremer-Wiegers-Riekhof, Alma, Mo.

**25. DATE RECD. BY LOCAL REG.**

Aug. 23. 62.

**26. REGISTRAR'S SIGNATURE**

Lutie Gordon Jordan

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 31 1962

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Roy F. Wiegans

Licensed Embalmer No. 2883

P. O. Address Hippisville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.